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| **SAFE HANDLING & MOBILITY EXPECTATIONS** |

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|  | **ESTABLISHING PROGRAM** | **Status w/ Date** |
| **Facilitate SHM/PACE training to existing care staff** | * Develop detailed training schedule and communicate to AWARE-NS/WCB * 4 hour duration: In-class training and practical hands-on demonstrations * Document attendees * Submit backfill replacement claim to HCSC within 2 weeks of training for reimbursement * Submit attendee list to AWARE-NS * Collect SHM equipment feedback form and send to workplace consultant |  |
| **Facilitate SHM/PACE training to new hires going forward** | * Include SHM/PACE in orientation process * Document for records |  |
| **Update Company Safety Program and Procedures to reflect SHM training** | * Update Safe Work Procedures (ex: no pivot transfers, 35lbs maximum transfer weight, use of transfer belts, 2 person use - mechanical lift) * Educate staff on updates and create accountability framework for compliance |  |
| **Establish a SHM committee or make SHM program monitoring part of existing committee** | * If new committee - develop a Terms of Reference (template available from AWARE-NS) * If part of existing committee, include SHM / analysis as a regular action item * Monthly meetings are recommended |  |

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|  | **EQUIPMENT** | **Status w/ Date** |
| **Equipment** | * New procurement based on staff input/needs * Monitoring/inspection of equipment regulary (document where required) * Replacement of equipment when old equipment taken out of service * Training on equipment as required (orientation, refresher, new to organization) |  |

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|  | **AUDITING** | **Status w/ Date** |
| **PACE Self Audit Cards (4 per sheet – double-sided)** | * Complete within 1 week after training * Complete quarterly during 1st year post instruction * Complete annually thereafter * Supervisor will review completed form with employee for coaching opportunities * Committee will review forms for trending analysis |  |
| **Supervisor Safe Handling and Mobility Audit Form** | * Complete while observing/working with staff * Complete 1 form per staff member per year * Review completed form with employee for coaching opportunities * Share findings with committee for trending analysis |  |

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|  | **COMMUNICATIONS** | **Status w/ Date** |
| **Share Information** | * Include as part of daily/weekly/monthy supervisor talks (depending on organization’s routine) * Use visual resources (PACE posters and PACE wallet cards) * Explore available options with support(s) (WCB/AWARE-NS) |  |

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|  | **WCB / AWARE-NS CHECK-INS** | **Status w/ Date** |
| **Meeting 1** | * When: Training schedule established and at least 50% of staff trained * With: Administrator, Director of Care, Safety Lead, Trainers |  |
| **Meeting 2** | * When: Next scheduled SHM committee / existing committee meeting post Meeting 1 (within 45 days of Meetin 1) * With: SHM committee |  |
| **Meeting 3** | * When: 3 months post Meeting 2 * With: SHM committee |  |
| **Meeting 4** | * When: 3 months post Meeting 3 * With: SHM committee |  |
| **Meeting 5** | * When: 6 months post Meeting 4 * With: SHM committee |  |
| **Meeting 6** | * When: 12 month post Meeting 5 * With: SHM committee |  |

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|  | **REFRESHER TRAINING** | **Status w/ Date** |
| **SHM / PACE refresher** | * Done annually (at minimum) and/or to address needs identified through trending (Injury reports, audits, etc.) * Mandatory (document) * PACE modules available through AWARE-NS website * AWARE-NS supports on SHM/PACE micro sections available * Micro sections chosen based on committee’s analysis and reccomendations |  |